City of Winchester, Virginia

OFFICE OF COMMISSIONER OF THE REVENUE SUITE 204, ROUSS CITY HALL - 15 NORTH CAMERON STREET

APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY OR DISABLED HOMEOWNERS

FILING DEADLINE: APRIL 1st

Applicant [Last Name		First Name	Middle Name
(Troperty Owner)	East I vaine		1 HSt I tunic	Wildle Pulle
Address			TELEPHON	E:
Number	Street			
Address L				
	City		State	ZIP
Applicant: Birth Date		Social S	Security Number	<u> </u>
	Month / Day /	Year		
Spouse:			Birth Date	SSN
Last Name			Mo./ Day /	SSN Year
[NOT	E IF "NONE" OR	"DECEASED"]		
Veterans Administration Name under which proper				a·
vame under which proper	ty is listed on Real Es	state Tax Bill, il dillere	ent from Applicant's nam	e:
		<u> </u>		how ownership is legally held:
rom all sources for the ap	plicant, spouse, and a	any relative living in th	e dwelling.	led in the statement should be the total gross
from all sources for the ap GROSS INCOME	plicant, spouse, and a	any relative living in th Applicant	ast calendar year. Include dwelling. Spouse	led in the statement should be the total gross
From all sources for the ap GROSS INCOME Salaries, Wages, Etc.	plicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
GROSS INCOME Salaries, Wages, Etc. Social Security	plicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
GROSS INCOME Salaries, Wages, Etc. Social Security Pensions	plicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
GROSS INCOME Salaries, Wages, Etc. Social Security Pensions Rental Income	pplicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
GROSS INCOME Salaries, Wages, Etc. Social Security Pensions Rental Income Interest and Dividends	pplicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
Grom all sources for the ap GROSS INCOME Salaries, Wages, Etc. Social Security Pensions Rental Income Interest and Dividends Social Services (Welfare	pplicant, spouse, and a	any relative living in th Applicant	e dwelling.	led in the statement should be the total gross
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Please complete the following statement of net fin				
is computed by listing all assets (not including val		vith up to one acre of land) owned by	7	
applicant and spouse, and subtracting all liabilities				
VALUE OF ASSETS	Applicant	Spouse		
Automobiles				
Cash - on hand and in banks				
Stock and bonds				
Real estate other than dwelling				
Other personal property (NOT household)				
Cash value of life insurance/annuities				
Amounts owed to you				
Other assets				
TOTAL ASSETS				
Note: If Total Assets are under \$150,000.00, SK	IP Value of Lia	bilities section		
VALUE OF LIABILITIES				
Accounts payable (medical, etc.)				
Mortgage				
Taxes due - Federal				
Taxes due - State and Other				
Other debts				
TOTAL LIABILITIES				
Total Combined Net Financial Worth of Applican				
(Add all A	Assets, then subtract all	Liabilities)		
	AFFI	DAVIT		
	AFFI	DAVII		
I declare under the penalties provided by	law that the in	formation contained in this apr	dication for Real Estate	
Tax Relief for the Elderly or Disabled, inc		companying schedules or state	ements, is to the best of my	
knowledge and belief true, correct and cor	mplete.			
Date			<u> </u>	
Signature of Applicant		Signature of Spouse		
State or Commonwealth of				
				
City or County of		<u>·</u>		

Sworn or affirmed before me this ______ day of _______, 20_____. ______. My Notary term expires ______.

Notary Public or (Deputy)Commissioner of the Revenue -- OFFICE USE ONLY -2006 doc--Tax Acct No. ____ Tax Map No. ____ Total Income \$_____ Total Net Worth \$_____ ___DISAPPROVED by ____Official Reason for disapproval: